



Texas Department of Agriculture
Application for Commercial Pesticide Applicator License

PA-421

Todd Staples, Commissioner

1 CLIENT INFORMATION				TDA USE ONLY	
Social Security No. (SSN - Required)			Client No.		Account No.
- - - - -					
<input type="checkbox"/> A person who does not have an SSN must attach Affidavit for Occupational License - No Social Security Number (OGC-001) available at http://www.agr.state.tx.us .			Date (mm/dd/yy)		Initials
<input type="checkbox"/> Driver License No. _____ (if SSN is not available)			<input type="checkbox"/> TX		
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)			<input type="checkbox"/> Other		
First Name		M. I.	Last Name		
Mailing Address					
City		State	Zip	Phone () - Ext.	
SECTION B					
1 PERSON TO CONTACT FOR LICENSE-RELATED MATTERS <input type="checkbox"/> SAME AS CLIENT NAME					
First Name		M. I.	Last Name		
Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.			
Fax () - Ext.					
E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2 MAILING ADDRESS <input type="checkbox"/> SAME AS CLIENT ADDRESS					
Address					
City		State	Zip		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Applicant Name _____

SECTION C	¹ FACILITY (PRINCIPAL LOCATION OF LICENSEE, LICENSED ACTIVITIES)		
	Facility Name (Person or Business Name)		
	² PHYSICAL ADDRESS OF FACILITY		
	Address (No P.O. Box)		
	City	State	Zip
	Directions to Physical Location if address above is difficult to find		
	¹ COMMERCIAL APPLICATOR BUSINESS INFORMATION <input type="checkbox"/> SAME AS FACILITY		
	Registered Commercial Applicator Business account number _____		
	Full Legal Business Name (Headquarters)	Phone () - Ext.	
	If account number is blank the employer or the applicant must complete PAB-300 to accompany this application		
SECTION E	¹ COMMERCIAL APPLICATORS ONLY		
	Have you been convicted of any felony in the last five years that you have not previously reported to TDA when applying for or renewing a pesticide applicator license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If the answer is yes, please provide your date of birth / / month day year		
	Also attach a statement showing the felony crime for which you were convicted, the date of the conviction, the county where convicted, the sentence and terms of probation, if any, and a brief explanation of the circumstances of the crime and completion of any sentence or probation.		
SECTION F	¹ OUT-OF-STATE APPLICANTS ONLY		
	An applicant for a Pesticide Applicator license whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas.		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
	City	Zip	Business Phone () - Ext.

Applicant Name _____

SECTION G	¹ PAYMENT	
	Please see instructions for applicable fees.	
	LICENSE IS NOT VALID UNTIL APPROVED BY TDA.	
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$ _____	Mail to: Texas Department of Agriculture P.O. Box 2076, Austin, TX 78711-2076
TDA USE ONLY	Receipt No. _____	Date Receipt Issued _____

SECTION H	¹ SIGNATURE	
	The applicant, by and through their personal or agent's signature hereby (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name (print) _____	Title _____
	Applicant Signature _____	Date / / month day year

SECTION I	¹ CHECKLIST
	Please use this checklist to ensure you are sending all of the necessary information and documents.
	<input type="checkbox"/> Pesticide Applicator Application <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.) <input type="checkbox"/> TDA 300 Pesticide Application (if applicable)
	Please note that an incomplete application may result in processing delays.